**Mathis Independent School District**

 **Overtime/Comp Time Authorization Request**

**Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I am requesting hours of (Please check as applicable)***

Straight Comp Time  Overtime Comp-Time

Straight Time Paid Overtime Paid

**For the above named employee, state the purpose for Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Date(s) Hours to be Worked:***

Date:\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_

**Total Hours above Normal Work Schedule:**

Straight Comp Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime---Comp Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Straight Time Paid: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime---Paid: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Implication: Account Number:

Straight Time Paid:\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate:\_\_\_\_\_\_\_\_\_\_\_ x Straight Hrs:\_\_\_\_\_\_\_\_ =$\_\_\_\_\_\_\_\_\_

Overtime Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate: x 1.5=\_\_\_\_\_\_\_\_ x Overtime Hrs:\_\_\_\_\_\_\_\_ =$\_\_\_\_\_\_\_\_\_

Please note the date’s compensatory time taken:

***NOTE: Compensatory time may only be accumulated up to 32 hours and must be taken within the pay period worked whenever possible but not to exceed 45 days period.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPUS / DEPARTMENT ADMINISTRATOR DATE**

 APPROVED DENIED

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent or Administrator for Business Services & Operation DATE**

I agree with the above stipulations regarding my comp-time and / or overtime.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Signature** **DATE**